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## BIB DATA SHEET

CONFIRMATION NO. 7210

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/098,683	03/15/2002	606	3773	101.0042-05000	
<b>APPLICANTS</b> Gary Karlin Michelson, Venice, CA;					
<b>** CONTINUING DATA *****</b> This application is a CON of 09/563,705 05/02/2000 PAT 6,364,880 * which is a CON of 09/126,585 07/31/1998 PAT 6,136,001 which is a CON of 08/926,334 09/05/1997 PAT 6,120,503 which is a CON of 08/589,787 01/22/1996 ABN which is a CON of 08/219,626 03/28/1994 ABN (*)Data provided by applicant is not consistent with PTO records.					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/05/2002					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /MELANIE RUANO TYSONI Acknowledged Examiner's signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 10	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> MARTIN & FERRARO, LLP 1557 LAKE O'PINES STREET, NE HARTVILLE, OH 44632 UNITED STATES					
<b>TITLE</b> Spinal implant containing bone morphogenetic protein					
<b>FILING FEE RECEIVED</b> 1430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		